

# ASPR TRACIE Technical Assistance Request

**Response Date:** 24 October 2019

## **Request:**

The requestor asked for tabletop exercise materials or examples to help plan a Code Grey hospital/ healthcare exercise. Code Grey indicates an abusive or assaultive person.

## **Response:**

ASPR TRACIE reviewed existing resources, including those in the [Workplace Violence](#), [Active Shooter and Explosives](#), and [Exercise Program](#) Topic Collections. Each of these Topic Collections include guidelines for developing exercises and include templates and information that may inform a Code Grey tabletop scenario.

The resources in Section I are templates or planning scenarios used by other facilities for their Code Grey-related exercises. Section II includes policies, protocols, training materials, and other resources that may be helpful in preparing staff for a Code Grey tabletop exercise, developing an exercise scenario, and determining objectives for the exercise.

Due to the lack of standardization in emergency codes, please note that some of the listed resources use different terminology or colors other than grey for their codes. In addition to abusive or assaultive persons, ASPR TRACIE included resources for codes indicating persons who are combative, threatening, or violent.

Additionally, some facilities use a single code for abusive/ assaultive persons and hostage situations and/or active shooters/ persons with weapons as it may initially be unclear whether an incident will escalate. ASPR TRACIE included some resources that address the full spectrum of violent incidents, but resources specifically focused on hostage situations or active shooters are not included. The Topic Collections referenced earlier contain resources on those specific types of violent incidents.

## **I. Code Grey Exercise Planning Scenarios and Templates**

MedPro Group. (2017). [Simulation Training: Sample Scenarios](#).

This resource offers a number of scenarios that may be encountered in healthcare settings. For each scenario, it provides background and learning objectives, identifies the target participants, lists needed equipment and supplies, provides a checklist for each step, offers debriefing questions and links to additional resources, and includes facilitator notes. A Behavioral Health: De-Escalation Scenario begins on page 9.

Missouri Hospital Association. (n.d.). [Hospital Violent Intruder Exercise](#). (Accessed 10/23/2019.)

This exercise template is for a violent intruder hospital tabletop. While it escalates to an active shooter and hostage scenario, portions of the template may be modified for a less violent situation.

Moore, B. (n.d.). [Try This Exercise in Your Next Crisis Prevention Training](#). (Accessed 10/22/2019.) Crisis Prevention Institute.

While not designed for a Code Grey, the questions asked in the exercise described in this blog post may help frame a Code Grey exercise.

NW Health Services Coalition. (2019). [Exercise/Drill Materials](#).

This webpage includes a variety of drills, scenarios, examples, and guides. It includes 15-minute drills for Active Violence Drill – Employee and Active Violence Drill – Resident.

TEACH. (n.d.). [Patient Visitor Disruption](#). (Accessed 10/23/2019.)

This document outlines a drill based on a patient-visitor disruption emergency scenario.

## II. **Additional Resources to Inform Development of a Code Grey Exercise**

Arizona Alliance for Community Health Centers. (2014). [Security Considerations](#).

This document provides a comprehensive checklist pertaining to security at a health center, and may be added to the facility's Emergency Operations Plan upon completion.

ASIS Healthcare Security Council (2010). [Managing Disruptive Behavior and Workplace Violence in Healthcare](#).

This white paper provides supporting documents and other information for healthcare security professionals to create and sustain a violence prevention program.

Cheung, M., Vu, A., Varlese, D., et al. (2010). [Hospital Preparedness Exercises: Guidebook](#).

This guidebook shares requirements necessary for federal funding and hospital accreditation. Emergency medical professionals can use the information in planning, carrying out, and evaluating exercises.

Dilman, Y. and Gardner, F. (2017). [What Works: Code Green Prevents Workplace Violence](#). American Nurse Today.

The authors of this article describe the establishment of a Code Green Response Team in their hospital and how it is used to deescalate potentially dangerous encounters in their workplace.

Emergency Nurses Association. (n.d.). [Mitigating Violence in the Workplace Toolkit](#). (Accessed 10/23/2019.)

This toolkit outlines the five components of a successful workplace violence prevention program and provides links to various tools and templates to aid in developing such a program, including those related to staff training and evaluation of the program.

Fruhworth, K., Chambers, G., Shields, S., et al. (2012). [Conducting Drills and Exercises: A Guide for Hospitals](#). County of Los Angeles Department of Health Services, Emergency Medical Services Agency.

This guidebook describes how disaster exercises are one of the best ways to evaluate a hospital's emergency management plan, equipment, and systems. Information on exercise design, creation, and evaluation is also included.

Harris, E. (n.d.). [Responding to Abusive Patient Behavior](#). (Accessed 10/22/2019.) Crisis Prevention Institute.

The author of this blog post describes ten ways to defuse incidents of abusive patient behavior, pitfalls to avoid when training staff, and how to reduce the risks of restraints.

Health Association of BC, Work Safe BC, and Occupational Health and Safety Agency for Healthcare in British Columbia. (2002). [Guidelines: Code White Response: A Component of Prevention and Management of Aggressive Behaviour in Healthcare](#).

These guidelines are for a trained response to a disturbance that is a behavioral emergency involving a client in a healthcare setting. It provides Code White response guidelines, outlines roles and responsibilities, describes staff education and training, and includes information on how to document and follow-up the incident. Appendices include policies and reporting forms used by some hospitals.

Hospital Association of Southern California. (2009). [Health Care Emergency Codes: A Guide for Code Standardization](#).

These guidelines were developed by a Safety and Security Committee to address concerns about the lack of uniformity in code systems used by different facilities, among other safety and security issues in member hospitals. The policy and procedures for Code Gray: Combative Person begin on page 36.

Minnesota Department of Labor and Industry. (n.d.). [MNOSHA WSC: Workplace Violence Prevention](#). (Accessed 10/23/2019.)

This webpage includes information on a variety of resources available through Minnesota's Workplace Violence Prevention Resource Center.

Montana State Hospital. (2018). [Crisis Intervention Team](#).

This policy and procedure document provides guidelines for a Code Green, which alerts Crisis Intervention Team members to respond to a patient behaving violently.

Occupational Safety and Health Administration. (2015). [Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers](#). U.S. Department of Labor.

The Occupational Safety and Health Administration lists violence prevention guidelines for the following healthcare settings: hospitals, residential and non-residential treatment, community care, and field work. The authors of the report also list the five “building blocks” for developing an effective prevention program: management commitment and employee participation; worksite analysis; hazard prevention and control; safety and health training; and recordkeeping and program evaluation.

Occupational Safety and Health Administration. (2015). [Preventing Workplace Violence: A Road Map for Healthcare Facilities](#). U.S. Department of Labor.

This document aims to inform the establishment or strengthening of healthcare workplace violence prevention programs. It describes the core components of such a program, offers examples from healthcare facilities across the nation, and includes various resources for additional information and support.

Ontario Hospital Association. (2008). [OHA Emergency Management Toolkit: Developing a Sustainable Emergency Management Program for Hospitals](#).

While developed for Canadian hospitals, this toolkit – particularly the appendices – may help inform planning for a hospital exercise. Note that OHA standardized its emergency hospital codes and uses Code White for violent/behavioral situations.

Oregon Association of Hospitals. (2017). [Workplace Violence in Hospitals: A Toolkit for Prevention and Management](#).

While not specific to Code Grey scenarios, this toolkit focuses on prevention of healthcare worker injuries due to workplace violence. It contains information on developing a workplace violence prevention program, including a workplace violence policy and a training program for staff.

Partnership for Patients. (2017). [Preventing HealthCare Workplace Violence Toolkit](#).

This toolkit, developed for the Alaska State Hospital and Nursing Home Association and the Washington State Hospital Association, describes the key elements of a comprehensive aggressive behavior response program and includes examples, templates, and algorithms used in various healthcare facilities.

Registered Nurses' Association of Ontario. (2017). [RNAO Nurse Educator Mental Health and Addiction Resource](#).

This webpage offers materials to aid educators in integrating mental health and addiction knowledge and skills in undergraduate nursing curriculum. [Section 5](#) includes training materials for staff to identify crises and support people through them. [Section 7](#) provides information on simulations.

South Carolina Hospital Association. (n.d.) [Hospital Safe Zones: Resources to Assist Hospitals](#). (Accessed 10/23/2019.)

This webpage includes links to a variety of materials created to assist hospitals in developing a culture of safety.

Stempniak, M. (2017). [Violence in the Hospital: Preventing Assaults Using a Clinical Approach](#). Hospitals and Health Networks.

In this article, the author outlines some of the challenges in addressing healthcare workplace violence. The article includes a description of one hospital's Code BERT, which it uses to deescalate behavioral emergencies, and offers insights on how other facilities are addressing workplace violence.

The Joint Commission. (2018). [Physical and Verbal Violence Against Health Care Workers](#). Sentinel Event Alert. 59.

This alert provides an overview of healthcare workplace violence issues, offers suggested preparedness actions, identifies related Joint Commission requirements, and includes links to additional resources.

Victoria Health and Human Services. (2017). [Code Grey Standards](#).

These standards from Australia apply to incidents of actual or potential violent, aggressive, abusive, or threatening behavior in the workplace. The document includes algorithms for assessing risk and links to additional resources such as a framework for preventing and managing workplace violence and available training.